



Importing Bulk Spirits for Manufacturing

Your Business Name _____

Request Date

MM	/	DD	/	YYYY
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Billing Address	Shipping Address

Contact Information

Contact Name	Phone Number	Email
Alternate Contact	Phone Number	Email

Please mark ☒ the appropriate box and provide the applicable information.

☐ Distillery ☐ Brewery → License Number - - -

FEIN - OR SSN - - PO# _____
(Attach purchase order if available.)

Purpose for which product is being ordered _____

Product Description

Quantity	Proof	*Container Type	**Gallons Per Container	***Category (From list)

* Container Type = Tote, Barrel or Other (please list)

** Note: 128 ounces = 1 gallon; 1 barrel = 31 gallons; tote = 275 gallons

*** Category = bourbon, vodka, rum or other (please list)

Supplier Information

Supplier Name	Email	
Contact Name	Phone Number	Email

I declare under penalty of false swearing that the information in this document is true, correct and complete.

Signature _____ Date _____
(Business)

For Supplier use. Complete this section and return to dorliquorcontrol@mt.gov for authorization and final approval to ship.

Order will be Filled ☐ Yes ☐ No Consumable ☐ Yes ☐ No

Denatured ☐ Yes ☐ No Invoice Number _____ (attach)

For Department of Revenue use only. Note: Will not be authorized until Supplier's section is completed and returned by Supplier.

We authorize _____ to ship the product(s) listed above to _____
(Supplier) (Business)

Department of Revenue Signature _____ Date _____

Montana Department of Revenue ♦ Liquor Control Division ♦ PO Box 1712 ♦ Helena, MT 59624-1712

Phone: 1-866-859-2254 ♦ Fax: (406) 444-0731 ♦ Email: dorliquorcontrol@mt.gov